

DEPARTMENT OF THE ARMY  
MEDICAL DEPARTMENT ACTIVITY  
Fort Huachuca, Arizona 85613-7040

MEDDAC MEMORANDUM  
No. 40-40

30 June 2004

Medical Services  
PATIENT ADVOCATE

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**1. HISTORY.** This issue publishes a revision of this publication.

**2. PURPOSE.** To delineate the policies and procedures regarding the processing and resolution of patient compliments and complaints or requests for assistance. To define how the organization determines how well it is meeting our population's patient care needs.

**3. SCOPE:** This Memorandum applies to all personnel assigned to R. W. Bliss Army Health Center and all personnel assigned to the freestanding clinics within this medical activity.

**4. REFERENCE:**

**4.1** Comprehensive Accreditation Manual for Ambulatory Care, current edition.

**5. GENERAL ORGANIZATIONAL PHILOSOPHY:** The R. W. Bliss Army Health Center provides patients with a mechanism to present both positive and negative feedback and receive assistance. The following are prominently displayed in all clinical areas: Organizational Patient's Rights and Responsibilities, a photograph of the primary Patient Advocate, suggestion boxes, and contact information for the Patient Advocate office.

**6. RESPONSIBILITIES:**

**6.1** The Commander, R. W. Bliss Army Health Center will: Designate a primary and alternate organizational Patient Advocate.

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\*This memorandum supersedes MEDDAC Memo 40-40, 1 February 2001

**6.2** The Deputy Commander for Clinical Services (DCCS) will:

**6.2.1** Oversee the Patient Advocate program.

**6.2.2** Maintain an “open door” relationship with the Patient Advocate to facilitate communication and resolution of issues.

**6.2.3** Provide final adjudication of complaints as substantiated or unsubstantiated.

**6.3** The Patient Advocate will:

**6.3.1** Give the patient a voice by serving as an advocate for all patients.

**6.3.2** Provide the patient a means to express an opinion, voice appreciation for the care/service received, address a request for information or assistance, or register a complaint and be assured of being heard.

**6.3.3** Serve as a counselor and ombudsman for the Medical Treatment Facility (MTF) Commander regarding beneficiary satisfaction. If the patient elects to go to the Inspector General (IG) or through congressional channels, the Patient Advocate will notify the Commander and provide all available knowledge and data obtained.

**6.3.4** Aggregate and analyze all sources of patient feedback to pinpoint strong areas and problem areas. Where problems areas are pinpointed, identify causative factors and trends relating to the total system.

**6.3.5** Contact appropriate staff members or supervisors to resolve problems areas. The Patient Advocate may directly coordinate with staff at all levels.

**6.3.6** Recommend to the appropriate committees or leaders specific interventions that will improve organizational performance in the way we serve our beneficiaries.

**6.3.7** Bring patient concerns involving medical urgency and/or treatment, immediately to the attention of a clinical staff member (head nurse, clinic nurse, or department chief) for medical evaluation and guidance. Notify the Risk Manager of any potential compensatory events (PCE).

**6.3.8** Provide general education to our community and beneficiary population in a variety of forums, such as community briefings, unit orientation, Family Readiness Groups, etc.

**6.3.9** When required, serve as a member of the Ethics Committee.

**6.3.10** Maintain a liaison between patients and the MTF staff by making rounds of the health center and clinics on a regular basis and by routinely communicating with staff members and beneficiaries.

**6.3.11** Counsel patients regarding such matters as clarification of terminology and MTF schedules/policies. It is not the role of the Patient Advocate to interpret military regulations or public law but rather to seek proper authority for appropriate interpretation.

**6.4** Supervisors at all levels will fully support the Patient Advocate program. Compliments and complaints may be used by the Service or Department Chief for performance evaluations, as appropriate.

**6.4.1** Provide copies of all written compliments and complaints to employees.

**6.4.2** Give employees an opportunity to respond to and resolve complaints at their level.

**6.4.3** Respond in writing on actions taken within 7 working days.

**6.4.4** Consider patient compliments and substantiated complaints in performance appraisals.

**6.5.** RWBAHC staff will:

**6.5.1** Render customer friendly service.

**6.5.2** Attempt to resolve patient dissatisfaction before it results in a written complaint.

**6.5.3** Attempt to resolve written patient complaints at the staff-customer level.

**6.5.4** Refer patients to the Patient Advocate if they cannot resolve a verbal or written complaint to their or the patient's satisfaction.

**6.5.5** Respond to all written patient complaints on a staff response form to the supervisor within 72 hours.

## **7. PROCEDURES:**

**7.1** The organization obtains patient feedback in three ways: Suggestion box contents, written compliments/complaints, and targeted surveys. The procedures for managing each of these are described as follows:

**7.1.2 Comment cards:** The Patient Advocate will collect and file the original version of customer feedback cards from the clinic patient suggestion boxes on a monthly basis. The Patient Advocate will also forward copies of cards as needed to the Department or Service Chief for resolution of specific issues. Every effort will be made to resolve issues at the lowest level possible. Comment cards with significant complaints against specific named staff will be addressed formally as written patient complaints.

**7.1.3 Written Complaints:** When patients are referred to the Patient Advocate, the Patient Advocate will conduct an interview to document the problem to be reviewed and to provide all pertinent information needed to process the complaint. Upon resolution of the problem and completion of the review, the Patient Advocate contacts the patient. Photocopies of staff responses are not provided to the patient. If after an interview and intervention with the Patient Advocate, a complaint cannot be resolved to the patient's satisfaction, then the patient complaint becomes categorized as a written complaint. During the interview, the Patient Advocate will obtain any necessary information to assist the supervisors in determining if the complaint is valid and significant. Complaints will then be forwarded to supervisors and employees for response and resolution. In cases where a patient complains against a specific named staff, the staff involved will contact the patient to try to reconcile with the patient and resolve the issue. In cases where staff decline to contact the patient, the complaint will be automatically categorized as substantiated.

**7.1.4** Both the staff and front line supervisor will document their response to the complaint along with documentation of their attempt to reconcile a complaint with a patient. Interventions to remedy systemic issues will also be documented. Copies of all replies are returned to the Patient Advocate and then forwarded to the DCCS. The DCCS will make the final determination as to whether a complaint is substantiated. The Patient Advocate will provide a count of compliments and substantiated complaints involving licensed independent practitioners (LIPs) to the credentials coordinator once a quarter for inclusion in the provider profiling database. When the review process is completed, the Patient Advocate contacts the patient. Following resolution of the complaints, the Patient Advocate will ensure that the patient receives either a verbal or written reply within 7 days. A written response will be provided to the patient, upon request. Patients who are not satisfied with results may request an appointment with the Deputy Commander for Clinical Services.

**7.1.5 Reports:** The Patient Advocate will maintain a customer feedback database and submit a monthly report to the Executive Committee of the Professional Staff (ECOPS) of relevant, summarized data that can be trended and used to identify areas of concern. This procedure will provide the ECOPS with useful data to make informed decisions and recommendations for improvement of systems within the organization.

**7.2.** Inquiries and requests for assistance. The Patient Advocate usually resolves these requests and suggestions without needing further review.

**7.3** Requests for second medical opinion referrals do not require special procedures and are available upon request from the patient's Primary Care Manager (PCM).

## **8. TRICARE COMPLAINT RESOLUTION PROCEDURES:**

**8.1** Complaints involving the TRICARE Service Center staff, network healthcare providers, or civilian medical facilities are divided into two categories: grievances or appeals.

**8.2** Grievances are formal complaints about service or care such as: quality, availability, timeliness, appropriateness, or inappropriate behavior etc. These issues may be addressed with the health care provider or with the TRICARE Service Center staff. If they cannot resolve the complaint, a grievance may be submitted in writing to TriWest Healthcare Alliance, Attn.: Quality Management Dept., P.O. Box 42049, Phoenix, AZ 85080.

**8.3** Appeals are factual disputes about decisions made by TRICARE.

**8.3.1** Claim appeals involve failure to pay or inadequate payment of a claim. Claim appeals are submitted in writing to PGBA, ATTN: Claims Appeals, P.O. Box 870020, Surfside Beach, SC 29587-8720.

**8.3.2** Appeals of a medical necessity decision are called appeals for reconsideration. These appeals may be about referrals, procedures, medical equipment or continued hospitalization, and are submitted in writing to TriWest Healthcare Alliance, ATTN: Reconsideration Unit, P.O. Box 42049, Phoenix, AZ 85080.

## **9. STAFF RIGHTS.**

**9.1** When complaints from patients against specific staff are adjudicated as unsubstantiated, no disciplinary action can or will be taken against the staff. Unsubstantiated complaints are not reported to the credentials coordinator and are not included in provider profiling.

**9.1.2** Patients who are physically or verbally abusive will be referred to the Officer in Charge, supervisor, or head nurse immediately, these individuals should be guided to a non-clinical area to lessen disruption of ongoing patient services. Because the MTF is a restraint-free facility, attempts to calm physically violent patients should be limited to verbal attempts to calm. If necessary, staff who feel physically threatened should leave the area and call the MPs immediately.

**9.2** A Patient Concern Form, RWBAHC Form 194, may be completed to document such incidents and forwarded to the Patient Advocate, if further action is indicated.

**9.3** Substantiated instances of staff mistreatment by patients will result in a letter from the DCCS to the unit commander and military service member (or sponsor of family members) describing the behavior in detail along with interventions that are applicable to the offense, which may range from a warning - to forfeiture of privileges to be seen at the MTF.

The proponent of this publication is the Clinical Support Division. Users are invited to send comments and suggested improvements on DA Form 2028 directly to Commander, R.W.Bliss Army Health Center, Clinical Support Division, ATTN: Patient Advocate, Fort Huachuca, AZ 85613-7040.

FOR THE COMMANDER:

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## APPENDIX A

### PATIENT CONCERN FORM

RWBAHC COMMENT FORM		CONTROL #:	DATE:	Page 1 of 3
Patient's Name	TMP:	Sponsor's SSN:		
Sponsor Name:	Branch:	Grade:	Status:	
Unit/Home Address:		Day Time Phone:		
Person Filing comment: (circle one ) Patient Spouse Mother Father Other (specify)				
Type of Comment: (circle one) Compliment Assistance Suggestion Complaint Other (specify)				
COMMENTS:				
(CONTINUE ON PAGE 2)				
What action do you expect as a result of this comment?				
Do you wish to identify staff, policies, or other aspects of our clinic that perform exceptionally well?				
Do you have suggestions that can help us improve our services?				
<b>PRIVACY ACT STATEMENT</b>				
<b>Authority:</b> Sections 133, 1071-87, 3012, 5031 and 8012 Title 10, United States Code and Executive Order 9397.				
<b>Routine Uses:</b> This information is provided voluntarily to enable Health Center personnel to review and respond to your comments.				
SIGNATURE:			DATE:	

CONTROL #:

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CONTROL #:

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